



# State of New Hampshire 2004 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 304-C:80.

**REPORT DUE BY April 1, 2004**

ANNUAL REPORTS RECEIVED AFTER APRIL 15, 2004,  
WILL BE ASSESSED A \$50.00 LATE FEE.

PROMISED LAND REAL ESTATE, LLC

1 EDSON ST  
NASHUA, NH 03064

ADDRESS OF PRINCIPAL OFFICE:

1 EDSON ST  
NASHUA, NH 03064

REGISTERED AGENT AND OFFICE:

STEPHEN A GOULD ESQ  
20 MARKET ST PO BOX 808  
MANCHESTER, NH 03105

ENTITY TYPE: LLC  
BUSINESS ID: 324401  
STATE OF DOMICILE: NH  
FEDERAL ID: 020511705

ACQ,HOLD,OWN,IMPROVE,DEV,LEASE,MANAGE,& DEAL W/ REAL &  
PERSONAL PROPERTY

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

- ☐ The new mailing address \_\_\_\_\_  
☐ The new principal office address \_\_\_\_\_

PO Box is acceptable.

## MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).  
LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....

## MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).  
MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

To be signed by the Manager, if no manager, must be signed by a member.

I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: \_\_\_\_\_

Please print name and title of signer: \_\_\_\_\_

NAME

TITLE

REPORT FEE IS: **\$100.00**

E-MAIL ADDRESS (OPTIONAL): \_\_\_\_\_



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A  
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

**REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED**

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529